

Opening Statement of the Honorable Tim Murphy
Subcommittee on Oversight and Investigations
Hearing on “After Newtown: A National Conversation on Violence and Severe Mental
Illness”
March 5, 2013

(As Prepared for Delivery)

Thank you all for attending today’s Forum, “After Newtown: A National Conversation on Violence and Severe Mental Illness.” Today we are here to listen and learn from those who have lived lives of fear, worry, frustration, love and compassion: the families of those with children who have violent mental disorders.

Since I became the Chairman of the Subcommittee on Oversight and Investigations, we began examining mental health resources and programs across the federal spectrum, in the wake of the Newtown, Connecticut tragedy.

As I wrote in the Pittsburgh Post-Gazette on December 30, 2012, “The common factor in many mass tragedies is an underlying mental illness. The lessons for Americans from the horrifying tragedy in Connecticut is that we had better take off our blinders and deal with such illness or we are sure to face the same problem again. It is not only what’s in a person’s hands that makes his act violent, it’s what is in his mind.”

Tragically, over the course of recent history, society has dealt with individuals suffering from mental illness as if equipped with such blinders – a willful ignorance motivated by fear. This has resulted in some shockingly counterproductive and cruel practices to the mentally ill: we’ve locked them in prisons, quarantined them as contagious, warehoused them in workhouses, and we’ve burned them as witches. And then, 50 years ago, we released them from hospitals for reasons we mistook for compassion. Too many of them ended up on the streets without decent access to treatment. The majority of the mentally ill should be receiving care in the community setting, but for many with severe mental illness, deinstitutionalization was a disaster, the after-effects of which we are still struggling to recover from, even today. Now, too many fill our prisons and are left as the wandering homeless.

The vast majority of Americans with a mental illness are non-violent, and in fact, much more likely to be the victims than the perpetrator of a violent act. That’s why this Subcommittee is working to identify precisely what federal resources — in support of both research and care — are being devoted to those among the mentally ill who are most prone to violence: the severely mentally ill who are not being treated. And even more importantly – what fraction of these resources are actually reaching these individuals?

A few years ago, when this Committee was reviewing my legislation, the Seniors Access to Mental Health Act, which was signed into law in 2008, I explained how healthcare costs balloon when mental illness goes unaddressed. The cost to care for a chronically ill person with untreated depression doubles. Further, untreated mental illness increases the risk of heart disease and other comorbidities. Without integrating the care of the body with the care of the brain, our current system is wasting billions and billions of dollars each year.

Yet, while there have been calls in recent months for the need for increased funding for mental health, and that’s something we need to look at, the truth is that annual total public spending on support and treatment for mentally ill individuals is now more than \$140 billion – this is a 14-fold increase over what we were spending in 1963 – in today’s dollars – when President Kennedy proposed the Community Mental-Health Centers to take the place of state mental hospitals. This massive increase in funding, even accounting for our nation’s growing population, has not been accompanied by a meaningful increase in the quality of mental health services. The crisis we find ourselves in is not just a question of funding. Rather the current situation demands more intelligent targeting of available funds towards the most

promising research and treatments. Funds must reach the level of patient, family, and doctor if they are to be effective.

In this spirit, we hope that today's forum will enable us to begin an extended discussion on how to improve our efforts to identify the severely mentally ill early on and assist them and their families in seeking effective treatment.

I want to especially thank the parents who are here today — Liza Long, Pat Milam, and Peter Earley — to share their stories about what it is like to have a child who suffers from a severe mental illness or other mental disorder. Pat's son, Matt, lost his life to his illness. To Pat and his wife, Debbie, I want to extend our deepest sympathies. To each of you, I thank you for taking the time to be here and having the courage to share your stories with us. Your stories today should help other families and hopefully spur action to help save lives.

For the members here today, we are here to listen and learn. We will hear real life stories of what America does not want to hear. A Kaiser Family Foundation study published February 27 noted that 76 percent of Americans believe the mentally ill experience discrimination. We are here to take mental illness out of the shadows and bring it into the light and find some real workable answers for serious mental illness, which affects 11.4 million Americans.

This forum is just the first step. As I've said, the vast majority of people with severe mental illness are not violent. This committee is committed to addressing the difficult but necessary question of how we can stop the violently mentally ill from acting out and get them treatment before they harm themselves or others. We will continue to meet with the parents, families, and patients who suffer from severe mental illness as we try to make sure that a tragedy like Newtown does not happen again.

I would like to thank Ranking Member DeGette for her cooperation and support throughout this endeavor. It is a credit to her and her staff that this morning's forum is a thoroughly bipartisan effort — indeed, as the subject matter deserves.

I would like to give the ranking member an opportunity now to give brief remarks of her own.

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